LARYNX.

Emerich, Navratil (Budapest).—*Experiments on Animals upon Innervation o the Larynx and the Accessory Nerve.* "Ungarisches Archiv für Medizin," 1893.

THE author repeats the results of experiments published by him in 1871. The muscles of closing, tension, and opening of the glottis are innervated by the nervus laryngeus inferior; the sensory fibres arise from the nervus aryngeus superior. The nervus accessorius Willisii is without influence upon laryngeal innervation. He adds the results of sixteen experiments performed latterly which have confirmed his views, especially that the nervus accessorius Willisii is not a laryngeal nerve, contrary to Claud Bernard's views. *Michael.*

Scheir, Max (Berlin).—*The Inverse Action of the Vocal Cords.* "Arch. de Laryngol.," Dec., 1893.

THE author understands by this term spasm, which may be phonatory or inspiratory, of the vocal cords. He publishes the observation of a case from Koïte's clinic, viz., that of a woman, forty-three years of age, attacked by intense dyspnœa from glottic spasm. He studies the pathogeny of the condition and attributes it to hysteria. *Joal.*

Curtis, H. H.—*The Effects on the Vocal Cords of Improper Methods in Singing.* "New York Med. Journ.," Jan. 20, 1894.

THE author observed that singers trained with daily exercises on the single vowel "o" had the cords striated, frequently congested anteriorly, and frequently a nodule about the centre of the free edge on either cord; in others, trained chiefly with daily exercises on the vowel "a," in which school *coup de glotte* was practised, the middle third of the cords bulged slightly. Then follows a review of the history and methods of voice production, chiefly derived from Joal, and a short account of the author's method of treating the above cases, which consists of the inferior costal respiration, and maintaining a high chest, singing the word "ma" at regular intervals during the day, taking a medium C, and depressing the chin almost to the sternum. *R. Lake.*

Porcher, W. Peyre.—*A Case of Complete Glottic Spasm in an Adult, followed by Unconsciousness and Prolonged Drowsiness.* "New York Med. Journ.," Dec. 23, 1893.

THE patient, a maiden lady aged fifty-two, suffered after taking some hot coffee with a peculiar feeling of giddiness, rushed to the window, and fell back unconscious; prolonged drowsiness and torpidity of the bowels followed. Strychnine, saline aperients and cauterization of somewhat enlarged tonsils effected a complete cure. *R. Lake.*

Scheppegrell, W.—*Non-Malignant Tumours of the Larynx.* "New Orleans Med. and Surg. Journ.," Nov., 1893.

A REVIEW of a large part of the literature on the subject (illustrated), and having four original cases in addition—one, an angioma, which was

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situated on the upper surface of the left cord, and was destroyed by the electro-cautery; another, a fibroma, containing a large number of cavernous vessels, which was removed by the snare; the third was a cystic tumour of the lingual surface of the epiglottis, and was treated by incision and cauterization of the sac; the fourth, which was not treated, was a case of multiple papillomata. *R. Lake.*

Lincoln, R. P.—*Recurrence of a Laryngeal Growth at a New Site.* "New York Med. Journ."

THE growth was a papilloma—details not given. *R. Lake.*

Kronlein.—*Carcinoma.* Gesellschaft der Aerzte in Zurich, Meeting, Nov. 11, 1893.

THE author showed a patient in whom he had extirpated the left side of the larynx for carcinoma. Cure resulted. The same author reported a case of a patient, four years old, affected with diphtheria and treated by intubation. The tube could not be removed for four months; every attempt was followed by asphyxia. Tracheotomy was performed, but the decanulement had been up to now impossible in spite of all endeavours with different canulas and surgical treatment.

MURALT also had observed such cases, and believed that such events will occur if the tube is too large for the larynx.

LUNING asked if there was no secondary perichondritis. He had observed such cases following typhoid fever and variola. *Michael.*

Herzfeld (Berlin).—*Primary Erysipelas of the Larynx.* "Virchow's Archiv," Band 133, Heft 1.

A PATIENT, twenty-five years old, was attacked suddenly with difficulty in swallowing, shivering, and pains in the neck, followed some days later by attacks of suffocation. The laryngoscope showed œdema of the epiglottis, ary-epiglottic folds and arytenoid cartilages, and ulceration of the epiglottis. Ice treatment was followed by cure. The bacteriological examination showed streptococci and staphylococcus pyogenes aureus to be present. *Michael.*

Danet (Paris).—*Laryngeal Hæmorrhages.* Thèse, Paris, 1894.

AN excellent monograph, in which the author reviews the facts and theories of the subject, recording new observations contributed by Poye and Fauvel. *Joal.*

Woodward, J. H.—*Tubercle Bacilli and the Diagnosis of Tuberculosis of the Air Passages.* "New York Med. Journ.," Dec. 16, 1893.

TWO cases are quoted in which tubercle bacilli were found in the sputum, and which, after treatment with iodides, recovered without any sign of tuberculosis; from these two cases he casts doubt on the value of microscopical diagnosis in these cases. *R. Lake.*

Ball, J. M.—*Pathology of Laryngeal Tuberculosis.* "Journ. of the Amer. Med. Assoc.," Dec. 9, 1893.

DEALS with the question of the process of invasion of the laryngeal tissues, and whilst not denying *in toto* invasion through the intact mucous

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membrane, brings forward strong arguments in favour of invasion from within, as cases with scarcely a bacillus in the sputum, but extensive tubercular laryngeal invasion; cases of extensive and rapid pulmonary tuberculosis, without laryngeal complications; the correspondence of side in lung and laryngeal trouble tend to prove blood and lymph carriage; also the presence of a stratum of healthy tissue between the mucous membrane and the diseased structures. *R. Lake.*

Dansac.—*Lesions of the Nerves in Tubercular Arytenoiditis; Tubercular Laryngeal Pseudo-Neuroma.* "Annal. des Mal. de l'Oreille, etc.," Dec., 1893.

THE embryonal tubercular arytenoid infiltration is always accompanied, in cases of dysphagia and dyspnœa with hyperplasic nervous lesions, with neo-formations of the hypertrophied nerves and perineurotic sclerosis.

Arytenoiditis ought, therefore, to be considered as a bacillary and tubercular pseudo-neuroma. The dyspnœic phenomena, formerly attributed to glottic œdema, should be referred to this hyperplasia of the sensory nerves and their terminations, and are rather of a spasmodic character. *Joal.*

Rueda (Madrid). — *Syphilitic Crico-Arytenoid Arthritis.* "Rev. Mens. de Laryng.," Jan. 15, 1894.

PRIMARY arthritis cured by mercury and iodide treatment. *Joal.*

O'Dwyer, J. P. — *Intubation in Laryngeal Stenosis caused by Diphtheria.* "American Lancet."

A REPORT on sixteen cases, with a recovery of thirty-seven and a half per cent. In fatal cases, average life after intubation was two and a half days; in successful cases the tube was in four days. *R. Lake.*

Bleyer, J. M.—*Eight Cases of Syphilitic Stenosis of the Larynx, caused by Web Formation, operated by my method of combined Tubage and the Knife.* "Journ. of the American Medical Association," Nov. 25, 1893.

THE operation consists in the free division of the occluding cicatricial tissues by means of Lennox Browne's cutting dilator and the immediate introduction of a large hard rubber intubation tube, which is worn for at least two weeks, only being removed to be cleaned. Excellent results follow. *R. Lake.*

Lefferts, G. M.—*Intubation in the Adult.* "New York Med. Journ.," Dec. 9, 1893.

HIS views of its use in acute and chronic syphilis are unaltered; he doubts the correctness of the professed cure of abductor paralysis by its aid; it is useful in laryngeal dyspnœa dependent upon abductor immobility of vocal cords, due to anchylosis, in fracture of larynx, chronic stenosis, acute tracheal stenosis, in acute thyroiditis, in acute inflammatory affections of larynx especially subglotti-acute perichondritis of the cricoid, and also in cases of a small foreign body in the trachea, which can pass up the lumen of the tube. *R. Lake.*

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Thorner, Max.—*The Management of Foreign Bodies in the Air Passages.* "Med. Rec.," Aug. 26, 1893.

TWO cases are first quoted; one a man who inhaled a green pea and coughed it up and out thirty-six hours later; the second, a girl who had some time previously inhaled a piece of bone. She was cyanosed and unconscious when seen, but the laryngoscope revealed a white body below the cords; high tracheotomy was done, and a few days after the bone was removed. Tracheotomy is advocated when the foreign body cannot be removed by endo-laryngeal operation, and also in cases where there is strong presumptive evidence of the presence of a foreign body, and also in cases where it is impacted in a bronchus. *R. Lake.*

Bruns, F. (Tübingen).—*Congenital Diaphragm of the Larynx.* "Beiträge für Klin. Chirurgie," Band 9.

A GIRL, nineteen years old, born aphonic, had attacks of dyspnœa on quick movement. The laryngoscope showed a diaphragm beginning at the anterior commissure, and filling the greater part of the larynx. It consisted of resistent tissue. The malformation must be explained as being due to an agglutination of the air tube persisting from early embryonic life. The attempt at destruction of the membrane was followed by an attack of suffocation, so that tracheotomy had to be performed. By treatment with dilators for one and a half years the patient was cured. The canula could afterwards be removed. Respiration and voice are now normal. *Michael.*

Crick (Molenbeck St. Jean).—*Transverse Wound of the Neck, implicating the whole of the Trachea; Suture of the Trachea; Cure.* "Rev. Mens. de Laryngol.," Dec. 15, 1893.

THE title indicates the interesting points of this case. *Joal.*

Selter.—*Ulcerations of the Trachea and Bronchus produced by Pressure of Aneurisms.* "Virchow's Archiv," Band 133, Heft 1.

PATHOLOGICO-ANATOMICAL description of five specimens from patients who died from aneurisms of the aorta or innominate. In spite of the circumstance that such ulcers are often found, death is only in rare cases produced by perforation of the aneurism into the bronchi, mostly occurring from other complications. *Michael.*

Kohl (Chur).—*Retention of Secretions in the Trachea.* "Correspbl. für Schweizer Aerzte," 1894, No. 2.

THE author does not believe, as Hagenbach states, that retention of secretion can lead to impossibility of removal of the tracheal canula; the cause of this impossibility always lies in the still persisting stenosis of the larynx. It is true that sometimes when the canula is removed before the stenosis disappears secretion closes the tracheal opening, and prevents children from respiring through it. In such cases the opening should be closed by gauze, so that the secretion will not dry. *Michael.*

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